Department of Health DSRIP Performance Measures associated with Alliance for Better Health

Claims-based measures:

Performance Measure	Numerator Defined	Denominator Defined	What do we have to do?
Potentially Preventable Admissions- Adult	Number of admissions which were in the numerator of one of the adult prevention quality indicators	Number of people 18 years and older as of June 30 of measurement year	Reduce the number of potentially preventable hospital admissions.
Potentially Preventable Admissions - Child	Number of admissions which were in the numerator of one of the pediatric prevention quality indicators	Number of people 6 to 17 years as of June 30 of measurement year	Reduce the number of potentially preventable hospital admissions among children.
Potentially Preventable Readmissions	Number of readmission chains (at risk admissions followed by one or more clinically related readmissions within 30 days of discharge)	Number of people as of June 30 of the measurement year	Reduce the number of potentially preventable hospital re-admissions.
Potentially Preventable Emergency Dept Visits	Number of preventable emergency visits as defined by revenue and CPT codes	Number of people (excludes those born during the measurement year) as of June 30 of measurement year	Reduce the number of potentially preventable visits to the emergency department.
Well child visit age 1-2	Number of children who had a visit with a primary care provider during the measurement period	Number of children ages 12 to 24 months as of June 30 of the measurement year	Increase the number of children 12 to 24 months who receive a well child visit.
Well child visit age 2-6	Number of children who had a visit with a primary care provider during the measurement period	Number of children ages 25 months to 6 years as of June 30 of the measurement year	Increase the number of children 25 months to 6 years who receive a well child visit.
Well child visit age 7-11	Number of children who had a visit with a primary care provider during the measurement period or year prior	Number of children ages 7 to 11 years as of June 30 of the measurement year	Increase the number of children 7 to 11 years who receive a well child visit.
Well child visit age 12-19	Number of children who had a visit with a primary care provider during the measurement period or year prior	Number of children ages 12 to 19 years as of June 30 of the measurement year	Increase the number of children, 12 to 19 years who receive a well child visit.
Primary care visit, age 20-44	Number of adults who had an ambulatory or preventive care visit during the measurement year	Number of adults ages 20 to 44 as of June 30 of the measurement year	Increase the number of adults 20 to 44 years who receive an ambulatory or preventive care visit.

Performance Measure	Numerator Defined	Denominator Defined	What do we have to do?
Primary care visit, age 45-64	Number of adults who had an ambulatory or preventive care visit during the measurement year	Number of adults ages 45 to 64 as of June 30 of the measurement year	Increase the number of adults 45 to 64 years who receive an ambulatory or preventive care visit.
Primary care visit, age 65+	Number of adults who had an ambulatory or preventive care visit during the measurement year	Number of adults ages 65 and older as of June 30 of the measurement year	Increase the number of adults 65 and older who receive an ambulatory or preventive care visit.
Asthma medication ratio	Number of people with a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year	Number of people, ages 5 to 64 years, who were identified as having persistent asthma	Increase patients' ratios of controller medications to total asthma medications.
Asthma control scripts - controller rx has been filled for 50% of tx period	Number of people who filled prescriptions for asthma controller medications during at least 50% of their treatment period	Number of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication	Increase the number of people who fill their asthma controller medication prescription.
Asthma control scripts – controller rx has been filled for 75% of tx period	Number of people who filled prescriptions for asthma controller medications during at least 75% of their treatment period	Number of people, ages 5 to 64 years, who were identified as having persistent asthma, and who received at least one controller medication	Increase the number of people who fill their asthma controller medication prescription.
Potentially preventable admissions - adolescent asthma	Number of admissions with a principal diagnosis of asthma	Number of people ages 18 to 39 as of June 30 of the measurement year	Reduce the number of potentially preventable hospital admissions for patients 18 to 39 years with asthma.
Potentially preventable admissions - pediatric asthma	Number of admissions with a principal diagnosis of asthma	Number of people ages 2 to 17 as of June 30 of the measurement year	Reduce the number of potentially preventable hospital admissions for patients 2 to 17 years with asthma.
Potentially Preventable Emergency Visit - BH	Number of preventable emergency room visits as defined by revenue and CPT codes	Number of people with a BH diagnosis (excludes those born during the measurement year) as of June 30 of measurement year	Reduce the number of potentially preventable emergency department visits for behavioral health reasons.
BH discharge w timely follow-up - 7 days	Number of discharges where the patient was seen on an ambulatory basis or who was in intermediate treatment with a mental health provider within 7 days of discharge	Number of discharges between the start of the measurement period to 30 days before the end of the measurement period for patients ages 6 years and older, who were hospitalized for treatment of selected mental health disorders	Increase the number of instances where ambulatory follow-up occurs within 7 days of discharge for a behavioral health reason.

Performance Measure	Numerator Defined	Denominator Defined	What do we have to do?
BH discharge w timely follow-up - 30 days	Number of discharges where the patient was seen on an ambulatory basis or who was in intermediate treatment with a mental health provider within 30 days of discharge	Number of discharges between the start of the measurement period to 30 days before the end of the measurement period for patients ages 6 years and older, who were hospitalized for treatment of selected mental health disorders	Increase the number of instances where ambulatory follow-up occurs within 30 days of discharge for a behavioral health reason.
ADHD meds w timely follow-up - initial	Number of children who had one follow-up visit with a practitioner within the 30 days after starting the medication	Number of children, ages 6 to 12 years, who were newly prescribed ADHD medication	Increase the number of children who receive a follow-up visit with a practitioner within 30 days of starting an ADHD medication.
ADHD meds w timely follow-up - continuation	Number of children who, in addition to the visit in the Initiation Phase, had at least 2 follow-up visits in the 9-month period after the initiation phase ended	Number of children, ages 6 to 12 years, who were newly prescribed ADHD medication and remained on the medication for 7 months	Increase the number of children who receive continued follow-up care after starting an ADHD medication.
Positive depression screen and timely follow-up (medical record review)	Number of people screened for clinical depression using a standardized depression screening tool, and if positive, with follow up within 30 days	Number of people with a qualifying outpatient visit who are age 18 and older	Increase the number of people being screened for clinical depression and provided follow-up within 30 days.
Antidepressant med mgmt. – cont (rx continued 6 months after start)	Number of people who remained on antidepressant medication for at least six months	Number of people 18 and older who were diagnosed with depression and treated with an antidepressant medication	Increase the number of people on antidepressant medication who remain on it for at least 6 months.
Antidepressant med mgmt. – acute (rx continued 12 weeks after start)	Number of people who remained on antidepressant medication during the entire 12-week acute treatment phase	Number of people 18 and older who were diagnosed with depression and treated with an antidepressant medication	Increase the number of people on antidepressant medication who remain on it during the 12-week acute treatment phase.
Cardiovascular Disease schizophrenics w CVD monitoring	Number of people who had an LDL-C test during the measurement year	Number of people, ages 18 to 64 years, with schizophrenia and cardiovascular disease	Increase the number of patients with schizophrenia who receive an LDL-C test.
Schizophrenics w antipsychotic med adherence	Number of people who remained on an antipsychotic medication for at least 80% of their treatment period	Number of people, ages 19 to 64 years, with schizophrenia who were dispensed at least 2 antipsychotic medications during the measurement year	Increase the number of people who remain on their antipsychotic medication during the treatment period.
Diabetic schizophrenics w diabetes monitoring	Number of people who had both an LDL-C test and an HbA1c test during the measurement year	Number of people, ages 18 to 64 years, with schizophrenia and diabetes	Increase the number of people with schizophrenia who receive diabetes monitoring.

Performance Measure	Numerator Defined	Denominator Defined	What do we have to do?
Antipsychotic med users w diabetes screening	Number of people who had a diabetes screening test during the measurement year	Number of people, ages 18 to 64 years, with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication	Increase the number of people on antipsychotic medications who are screened for diabetes.
Initiation of substance abuse treatment	Number of people who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the index episode	Number of people age 13 and older with a new episode of alcohol or other drug (AOD) dependence	Increase the number of people who initiate substance abuse treatment within 14 days of the index episode.
Engaged in substance abuse treatment	Number of people who initiated treatment AND who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit	Number of people age 13 and older with a new episode of alcohol or other drug (AOD) dependence	Increase the number of people who continue substance abuse treatment following the index episode and initiation of treatment.

Non claims-based measures

Performance Measure Name	Numerator Defined	Denominator Defined	What do we have to do?
Palliative care IPOS	Number of patients offered clinical intervention	Number of patients/symptoms with responses of moderately, severely, overwhelmingly for the question	Increase the number of people receiving palliative care interventions.
Survey - always/usually timely access	Number of responses usually or always got appt for urgent care or routine care as soon as needed, and got answers the same day if called during the day	Number who answered when they called for appointments or called for information	Increase the number of instances people report receiving an appt for urgent or routine care as soon as needed.
Survey - care transitions	Average of hospital specific results for the Care Transition composite	Hospitals with H-CAHPS participating in the PPS network	Increase H-CAHPS score for hospital-specific care transitions measurements.
Survey - care coordination	Number of responses of usually or always that provider seemed to know important history, follow- up to give results from tests, and talked about all prescription medicines	All CAHPS responses	Increase the number of responses that indicate the provider is receiving and contributing to the coordination of the patient's care.

Performance Measure	Numerator Defined	Denominator Defined	What do we have to do?
PAM Score	Interval measure of % of members of total with Level 3 or 4 on PAM	Baseline measure of % of members of total with Level 3 or 4 on PAM	Increase the average PAM score across members to reflect that patients are better able to manage their own health
% Medicaid patients with no primary care visit	The percentage of non-utilizing and low-utilizing Medicaid members who do not have at least one claim with a preventive services CPT or equivalent code.	Baseline percentage of non-utilizing and low-utilizing Medicaid members who do not have at least one claim with a preventive services CPT or equivalent code.	Decrease the number of Medicaid patients who have not received a primary care visit in the last year.
% Uninsured patients with Emergency Dept visits	Annual measure of number of ED visits for self-pay per 100 ED visits	Baseline measure of number of ED visits for self-pay per 100 ED visits	Decrease the number of visits to the emergency department by uninsured patients.
Survey - usual source of primary care	Percent of reponses "Yes"	All CAHPS Responses	
Survey - 1+ year provider relationship	Percent of responses at least 1 year or longer	All CAHPS Responses	Increase the number of people who have a one year or longer relationship with a primary care provider.